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APPLICATION NUMBER

FILING OR 371 (c) DATE

FIRST NAMED APPLICANT

ATTORNEY DOCKET NUMBER

10/811,243

03/25/2004

Kit S. Lam

02307W-132610US

CONFIRMATION NO. 9003

20350

TOWNSEND AND TOWNSEND AND CREW, LLP TWO EMBARCADERO CENTER **EIGHTH FLOOR** SAN FRANCISCO, CA 94111-3834



FORMALITIES LETTER *OC000000012896319*

Date Mailed: 06/08/2004

NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION

FILED UNDER 37 CFR 1.53(b)

Filing Date Granted

Items Required To Avoid Abandonment:

An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given TWO MONTHS from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- The statutory basic filing fee is missing. Applicant must submit \$ 385 to complete the basic filing fee for a small entity.
- The oath or declaration is unsigned.
- To avoid abandonment, a late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(e) of \$65 for a small entity in compliance with 37 CFR 1.27, must be submitted with the missing items identified in this letter.

The applicant needs to satisfy supplemental fees problems indicated below.

The required item(s) identified below must be timely submitted to avoid abandonment:

 Additional claim fees of \$45 as a small entity, including any required multiple dependent claim fee, are required. Applicant must submit the additional claim fees or cancel the additional claims for which fees are due.

SUMMARY OF FEES DUE:

Total additional fee(s) required for this application is \$495 for a Small Entity

\$385 Statutory basic filing fee.

07/27/2004 BABRAHA1 00000099 201430

\$65 Late oath or declaration Surcharge.

385.00 DA 01 FC:2001 65.00 DA 02 FC:2051 45.00 DA 03 FC:2202

Total additional claim fee(s) for this application is \$45

■ \$45 for 5 total claims over 20.

Replies should be mailed to:

Mail Stop Missing Parts

Commissioner for Patents

P.O. Box 1450

Alexandria VA 22313-1450

A copy of this notice <u>MUST</u> be returned with the reply.

PASSANT T

Customer Service Center

Initial Patent Examination Division (703) 308-1202

PART 2 - COPY TO BE RETURNED WITH RESPONSE

The Parket

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

		, ,
Application Number	10/811,243	
Filing Date	March 25, 2004	
First Named Inventor	Lam, Kit S.	
Art Unit	1645	
Examiner Name		
Attorney Docket Number	02307W-132610US	

	*		EN	CLOSURES (Check all that apply)				
\boxtimes	Fee Transi	mittal Form	Drawing(s)			After Allowance Communication to Technology Center (TC)			
	Fee Attached		Licensing-related Papers		Appeal Communication to Board of Appeals and Interferences				
	Amendment/Reply		Petition		Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)				
	After Final			Petition to Convert to a Provisional Application		Proprietary	Information		
	Affidavits/declaration(s)		Power of Attorney, Revocation Change of Correspondence Address			Status Letter			
	Extension	of Time Request		Terminal Disclaimer		Other Enclo	sure(s) (please w):		
	Express Al	bandonment Request		Request for Refund	Return Declar	Postcard	,		
Information Disclosure Statement		As			Assignment and Coversheet (+ copy of Coversheet)				
				CD, Number of CD(s)	Сору	of Notice to t	pe returned		
Certified Copy of Priority Document(s)				Remarks The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.					
	Response to Missing Parts/ Incomplete Application								
	Response to Missing Parts								
	∠ une	der 37 CFR 1.52 or 1.53							
		SIGNA	THE	OF ADDITIONEY	DP AGI	ENT			
Firm	SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Townsend and Townsend and Crew LLP								
or Individi	ual name	William B. Kezer	seria ai	Reg. No.	37,369				
Signate	ure	/ Just R	.Kn	~			· · · · · · · · · · · · · · · · · · ·		
Date		7.23.04	<u>, Q</u>						
	OFFICIAL OF TRANSMISSION WILLIAM								
CERTIFICATE OF TRANSMISSION/MAILING									
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.									
Typed	Typed or printed name Jennifer K. Hardin								
Signature Jan			for K. Handi			Date	7/23/04		

PTO/SB/17 (10-03) Complete if Known **FEE TRANSMITTAL** 10/811,243 Application Number for FY 2004 March 25, 2004 Filing Date Effective 10/01/2003. Patent fees are subject to annual revision. First Named Inventor Lam, Kit S. Applicant claims small entity status. See 37 CFR 1.27 **Examiner Name** Art Unit 1645 TOTAL AMOUNT OF PAYMENT 02307W-132610US 535 Attorney Docket No.

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)							
Check	Credit Card	Money Order Other		3. ADD	ITIONAL I	EES			
Deposit Acco		money order outer		Large	Entity	Small	Entity		
Deposit				Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
Account Number	20-143	0		1051	130	2051	65	Surcharge - late filing fee or oath	65
Deposit			<u></u>	1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet.	
Account	Townsend	I and Townsend and Crew	/ LLP	1053	130	1053	130	Non-English specification	
Name	L			1812	2.520	1812	2.520	For filing a request for reexamination	
_		check all that apply)		1804	920*	1804	920*	Requesting publication of SIR prior to	
	indicated belov	w Credit any overpayme	nts					Examiner action	
	• • •	or any underpayment of fee(s)		1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
to the above-identi		w, except for the filing fee count.		1251	110	2251	55	Extension for reply within first month	
	<u> </u>	CALCULATION		1252	420	2252	210	Extension for reply within second month	
1. BASIC FIL	ING FEE			1253	950	2253	475	Extension for reply within third month	
Large Entity S	mall Entity	_	•	1254	1,480	2254	740	Extension for reply within fourth month	
	ee Fee	Fee Description	Fee Paid						
	ode (\$)	Liver Co. Co.	505	1255	2,010	2255	1,005	Extension for reply within fifth month	
	001 385 002 170	Utility filing fee	385	1401	330	2401	165	Notice of Appeal	
	002 170	Design filing fee Plant filing fee		1402	330	2402	165	Filing a brief in support of an appeal	
	003 205	Reissue filing fee		1403	290	2403	145	Request for oral hearing	
	005 80	Provisional filing fee		1451	1,510	1451	1,510	Petition to institute a public use proceeding	
			1452	110	2452	55	Petition to revive – unavoidable		
	SUBTO	IAL (1)	385	1453	1,330	2453	665	Petition to revive - unintentional	
2. EXTRA CLA	AIM FEES F	OR UTILITY AND REISS	ŲE	1501	1,330	2501	665	Utility issue fee (or reissue)	
		Fee from		1502	480	2502	240	Design issue fee	
	Ex	tra Claims below	Fee Paid	1503	640	2503	320	Plant issue fee	
Total Claims 25	-20** = 5	x\$9 =	\$45	1460	130	1460	130	Petitions to the Commissioner	
Independent	믁 누			1807	50	1807	50	Petitions related to provisional	
Claims 2	-3** = 0	\$43 =	\$0	1806	100	1000	100	applications Submission of Information Disclosure	
Multiple Dependent		× =		1000	180	1806	.180	Stmt	
Large Entity	Smail Entity			8021	40	8021	40	Recording each patent assignment per	40
Fee Fee	Fee Fee	-						property (times number of properties)	
Code (\$) 1202 18	Code (\$) 2202	ree Description	^	1809	770	2809	385	Filing a submission after final rejection (37 CFR § 1.129(a))	
1201 86	2201 43			1810	770	2810	385	For each additional invention to be	
1203 290	2203 145		•					examined (37 CFR § 1.129(b)) Request for Continued Examination	
1204 86	2204 43	3 ** Reissue independe over original paten		1801	770	2801	385	(RCE)	
1205 18	2205	** Reissue claims in e and over original p	excess of 20	1802	900	1802	900	Request for expedited examination of a design application	
SUBTOTAL (2) (\$)45			Other fe	e (specify)					
**or number previo		ter; For Reissues, see above		•Bodica	d by Book	. Elline f	an Doid	CURTOTAL (2)	
				Reduce	o by basic	; riling t	ee Palo	SUBTOTAL (3) (\$)105	

SUBMITTED BY Complete (if applicable)							
Name (Print/Type)	William B. Kezer	Registration No. (Attorney/Agent)	37,369	Telephone	925-472-5000		
Signature	Will B. Kyn			Date	7.23.04		